CERTIFICATE OF ASSUMED BUSINESS NAME

| | | | - | |
|--------|-----------|-----------|----------|-------|
| To the | SECRETARY | OF STATE. | STATE OF | IDAHO |

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

| 1. | I. The assumed business name which the undersigned use(s) in the transaction of business is: | | | | |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | BLITZKRIEG | | | | |
| 2. | The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: | | | | |
| | Name | Address 🚴 🤲 🜼 | | | |
| | TERRY BARNEY 3 | 15 N. 1504 BLUFOOT ID 8#2/9 | | | |
| | MAX BARNEY | In the second se | | | |
| | . | Li . | | | |
| | DAVIEL BARNEY | Ic. | | | |
| 2 | The general type of business transacted under the assumed business name is: | | | | |
| ა. | The general type of business transacted under the assumed business frame is: | | | | |
| WHOLESALE TRADE, RETAIL TRADE, SERVICES | | | | | |
| | See categories on the reverse | | | | |
| | | | | | |
| 4. | The name and address to which correspondence should be addressed: | | | | |
| | BLITZKRIEG 375 N. 150W. BLACKFOOT ID 83221. | | | | |
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| | | | | | |
| | Signed N/ax Banney | | | | |
| | Signed Nax Barney By Max Barney Capacity PARINER | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Submit Certificate of Assumed | Customer# | | | |
| | Business Name and \$20.00 fee to: | | | | |
| | | Secretary of State use only | | | |
| | Secretary of State | <u> </u> | | | |
| • | 700 West Jefferson PO Box 83720 | Revision 10796 | | | |
| | Boise ID 83720-0080 | IDAHO SECRETARY OF STATE | | | |
| | D0100 1D 001 E0 0000 | 12/19/2002 05:00 | | | |

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